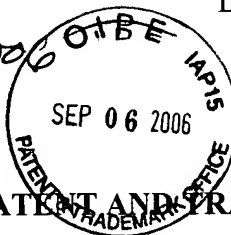


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By: Melinda A. B. [Signature]

PATENT  
Attorney Docket No.: 015280-462-100  
DHHS ref. E-121-2002/0-US-03



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

ROBERT H. SHOEMAKER *et al.*

Application No.: 10/528,747

Filed: March 22, 2005

For: IDENTIFICATION OF ANTI-HIV  
COMPOUNDS

Examiner:

Art Unit:

REQUEST FOR CORRECTED FILING  
RECEIPT

Office of Initial Patent Examination  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Attached is a copy of the official Filing Receipt received from the Patent and Trademark Office in the above-noted application for which issuance of a corrected filing receipt is respectfully requested. There are errors in the cities of residence of two inventors and in the Assignee's name which should be corrected to read as follows:

**Applicants(s)**

Robert H. Shoemaker, Boys, MD

Karen Worthy, Germantown, MD

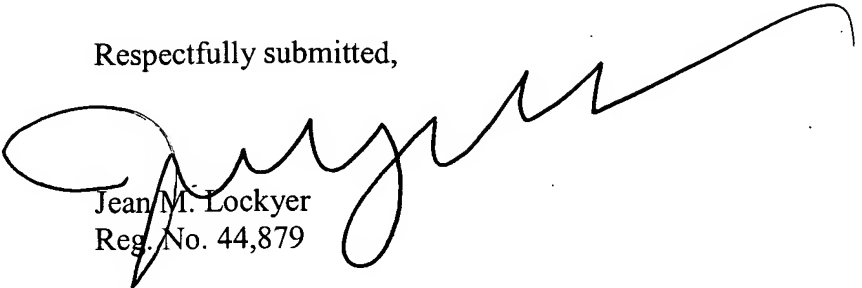
**Assignment For Published Patent Application**

The Government of the United States of America as represented by the  
Secretary of the Department of Health and Human Services, Rockville, MD

Please charge the fee of \$25.00 for these corrections, pursuant to 37 CFR §1.19(h), to our Deposit Account No. 20-1430. Please also charge any additional fees or credit overpayment to Deposit Account No. 20-1430. This Petition is submitted in duplicate.

A Supplemental Application Data Sheet is also submitted which corrects the inaccuracies in the Assignee's name.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Jean M. Lockyer', is written over the typed name and registration number.

Jean M. Lockyer  
Reg. No. 44,879

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015280-462100US

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APPL NO.	FILING OR 371 (c) DATE	ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLMS	IND CLMS
10/528,747	03/22/2005	1648	1560	015280-462100US		19	2

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CONFIRMATION NO. 1785

## FILING RECEIPT



\*OC000000020075400\*

Date Mailed: 08/18/2006

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please mail to the Commissioner for Patents P.O. Box 1450 Alexandria Va 22313-1450. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

## Applicant(s)

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Boyd's

Germantown

## Assignment For Published Patent Application

The Government of the USA as Represented by the Secretary of the Dep of Health and Human  
 Service, Rockville, MD

United States of America

Department

Power of Attorney: The patent practitioners associated with Customer Number 45115.

## Domestic Priority data as claimed by applicant

This application is a 371 of PCT/US03/32086 10/08/2003  
 which claims benefit of 60/416,854 10/08/2002

## Foreign Applications

If Required, Foreign Filing License Granted: 08/16/2006

The country code and number of your priority application, to be used for filing abroad under the Paris

TRE